

State of New Hampshire

Division of Fire Standards & Training and Emergency Medical Services

Learning Disabilities Accommodation Request Procedure

Students with a diagnosed learning disability may request an accommodation under the Americans with Disabilities Act by completing and returning the attached form and supporting documentation to the New Hampshire Division of Fire Standards & Training and Emergency Medical Services. All requests are confidential and need not be discussed with instructors or other students in the classroom.

Students without a diagnosed learning disability who are experiencing difficulties with the learning environment need to obtain a diagnosis from a learning disabilities professional, PRIOR to filing this request. Depending upon the diagnosis, accommodation(s) may be possible.

REMEMBER: Only students with diagnosed learning disabilities may qualify for an accommodation and the Proper supporting documentation must accompany this original request.

Finally, the student is free to contact the Division's Learning Disabilities Coordinator at any time with questions or concerns that may arise through this process.

Contact Information:

Email: drosolen@safety.state.nh.us
Telephone: (603)-271-2661 x204
1-800-371-4503
Fax: (603)-271-1091

State of New Hampshire
Department of Safety
Division of Fire Standards & Training
and Emergency Medical Services

Learning Disabilities Accommodation Request Form:

Name: (printed) _____

Address: _____

City/ Town: _____ State: _____

Zip Code: _____

Organization: _____

I am enrolled in a _____ program
being held in/at (city/town) _____.

The following supporting documentation is enclosed:
(check all that apply)

- ☐ IEP
- ☐ Diagnosis
- ☐ Other _____

- ☐ I would like someone to contact me in order to discuss this matter further. The best time to reach me during the day (8am – 4:30pm) is: ____:____ and the phone number is: _____

*Please indicate if this is your home or work telephone number.

I can also be reached at:

Email: _____

Pager: _____ Cell: _____

Please return this form and the appropriate documentation.
Be sure to mark the envelope CONFIDENTIAL and address it
to “LDR”.

- ☐ I do not request an accommodation.

Signature: _____ Date: _____